REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	08/963,239	
Filing Date	11/03/1997	
First Named Inventor	Gough	
Art Unit	3739 Conf. No. 9828	
Examiner Name	Peffley, M.	
Attorney Docket Number	37167-8026	

Р.	ommissioner for Patents O. Box 1450 exandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the	the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
X the	e attorneys/agents associated with Customer Number 22918									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reasons for this request are:										
In an email dated 05/15/2008, the client has requested that this file be transferred to the law firm identified below										
CORRESPONDENCE ADDRESS										
1. The correspondence address is NOT affected by this withdrawal.										
2. X Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number: OR										
X Firm Indivi	or dual Name ABELMAN, FRAYNE	& SCHW	AB							
Address	666 Third Avenue									
City	New York	State	NY			Zip	10017-5621			
Country	US									
Telephone	elephone 212 949-9022 Email hahn@lawabel.com									
Signature	/Peter J. Dehlinger/									
Name	ame Peter J. Dehlinger				Registration No.	28,006				
Date	ate May 20, 2008				Telephone No.	650 838-4300				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										